

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 18-FEB-2014	2. TIME 11:28:00	3. ADDRESS OF OCCURRENCE 3400 S WENTWORTH AVE CHICAGO, IL 60616		4. LOCATION CODE 259	5. BEAT/OCCUR 0915								
	6. POSITION 9161	7. LAST NAME ALANIZ	8. FIRST NAME MICHAEL R	9. STAR NO. 13577	10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	11. RACE CODE S	12. AGE 600	13. HT. 215						
	14. DATE OF APPT. 24-FEB-2003	15. EMPLOYEE NO.	16. UNIT & BEAT OF ASSIGNMENT 009 4115D	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
SUBJECT INFORMATION	20. LAST NAME DNA	21. FIRST NAME	22. M.I.	23. SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE	25. D.O.B.	26. HT.	27. WT.						
	28. ADDRESS CHICAGO, IL	29. TELEPHONE NO.	30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?	34. BY WHOM?	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Hospitalized <input type="checkbox"/> 03 Not Hospitalized <input type="checkbox"/> 04 Refused Medical Aid		36. CHARGES PLACED <input type="checkbox"/> DNA 00000000 IR NO. <input type="checkbox"/> DNA									
REASON FOR USE OF FORCE (Check all that apply)	38. SUBJECT'S ACTIONS													
	PASSIVE RESISTER		ACTIVE RESISTER		ASSAULT-ARSAULT		ASSAULT-BATTERY		ASSAULT-DEADLY FORCE					
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER IN VEHICLE		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER		USE OF FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER					
WEAPON DISCHARGE INCIDENT	39. MEMBER'S RESPONSE													
	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> GANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stim) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER		FIREARM <input checked="" type="checkbox"/> OTHER					
	40. ADDITIONAL INFORMATION OFFICER USED DEADLY FORCE TOWARDS AN UNKNOWN INDIVIDUAL THAT POINTED A HANDGUN IN THE DIRECTION OF R/O.													
CASE INFO.	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 CHEMICAL WEAPON <input type="checkbox"/> 04 RIFLE <input type="checkbox"/> 05 TASER (Probe Discharge) <input type="checkbox"/> 06 SHOTGUN <input type="checkbox"/> 07 OTHER								42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
	45. MAKE/MANUFACTURER GIORGIO, INC.-AU-		46. MODEL 22		47. BARREL LENGTH 4.0		48. CALIBER/GAUGE 40 S&W		49. TASER PART ID NO.					
	50. WEAPON SERIAL NO. (Include Letters) RFF898		51. CHICAGO GUN REG. NO. R0204115		52. IL FIREARM OWNER ID. NO. 86240204		53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.					
SIGNATURES	55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 4		59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)					
	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD					
	65. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSSED DRAW <input type="checkbox"/> 03 OTHER (Specify)		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) VEHICLE		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input checked="" type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input checked="" type="checkbox"/> 05 OTHER (Specify) IN POLICE VEHICLE		70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.					
71. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.														
72. SIGNATURES														
73. REPORTING MEMBER (Print Name) ALANIZ, MICHAEL R														
STAR/EMPLOYEE NO. 13577														
SIGNATURE														
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.														
74. REVIEWING SUPERVISOR (Print Name) DAVEY, THOMAS D														
STAR NO. 1400														
SIGNATURE														
DATE REVIEWED 19-FEB-2014 00:25:30														
TIME														

LOG 1067572
U 14-04
ATT.14

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1.) THE DISCHARGE OF A FIREARM OR IMFACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject currently being interviewed by detectives.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at the time, it is the preliminary determination of the undersigned that Officer Alaniz acted in compliance with Department policy in that he fired his firearm at an offender in fear for his life, after the offender pointed a handgun at Officer Alaniz.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION.

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG #D/C/RNG _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ANDREWS, CONSTANTIN G

SIGNATURE

DATE COMPLETED

TIME

19-FEB-2014 00:41:19

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

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